

COMMISSION ON JUDICIAL DISABILITIES
STATE OF MARYLAND

COMPLAINT FORM

PLEASE READ THE ENTIRE FORM AND THE FREQUENTLY ASKED QUESTIONS BEFORE ATTEMPTING TO COMPLETE THIS FORM.

PLEASE NOTE: COMPLAINT FORM MUST BE TYPED OR LEGIBLY HAND PRINTED, DATED AND SIGNED BEFORE IT WILL BE CONSIDERED.

1. Person Making Complaint:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (Day) _____ (Evening) _____

2. Judge Against Whom Complaint is Made:

Name _____

Court _____ County _____
(e.g. Circuit Court, District Court, Orphans' Court, etc.)

3. Case Information:

Case Name _____

Case Number _____

Type of Case: _____ civil _____ criminal _____ domestic _____ other

Date(s) and time(s) of hearing(s) and trial(s) _____

What is your relationship to the case?

_____ plaintiff/petitioner _____ defendant/respondent

_____ attorney for _____

_____ witness for _____

_____ other (specify)

If you were represented by an attorney at the time of the judge's conduct, please identify the attorney:

Name _____

Address _____

Phone _____

List and attach copies of any relevant documents which you believe support your claim that the judge has engaged in **sanctionable conduct** or has a **disability**. (**Note:** These documents will not be returned to you. You should retain the original or make a copy for your records.)

Identify, if you can, any other witnesses to the judge's conduct about which you complain:

Name(s): _____

Addresses: _____

4. **Statement of Facts:**

Please provide in as much detail as possible the information of which you have knowledge which you believe constitutes **sanctionable conduct** or **disability** as defined in the **Frequently Asked Questions** 2 and 3. Include names, dates, places, addresses and telephone numbers which may assist the Commission. If additional space is required, attach and number additional pages.

Note: Maryland law provides that the Commission's proceedings as to the investigation of this complaint are confidential. Filing a complaint with the Commission is not a substitute for appeal and has no effect on your legal or appellate rights. The appellate process is subject to strict deadlines and you should immediately contact an attorney about obtaining legal advice as to your appellate rights and remedies.

I solemnly affirm under penalty of perjury, that the contents of this complaint form are true and correct to the best of my knowledge, information and belief.

Signature: _____ Date: _____

Please return this completed Complaint Form, and direct all future communications, to:

Commission on Judicial Disabilities
100 Community Place
Crownsville, MD 21032
410-514-7044